FR300P (Rev 1/12) Police Crash Report Page 1 Revised Report GPS Lat. GPS Long. CRASH 3 Crash Day of Week MILITARY Time (24 hr clock) County of Crash Official DMV Use Date 10/26/2017 Thursday 06:21 ARLINGTON COUNTY Landmarks at Scene City or Town Name City of 172995103 Town of Location of Crash (route/street) Railroad Crossing ID no. (if within 150 ft.) Local Case Number OLD DOMINION DR 2017-10260040 Lucation of Crash (route/street) Mile Marker Number Number of Vehicles At Intersection With or _150. ○ N WAKEFIELD ST VEHICLE # 1 VEHICLE # 2 DRIVER DRIVER Driver Fled Scene Driver Fled Scene Driver's Name (Last, First, Middle) Gender Driver's Name (Last, First, Middle) Gender BERNHARDT, DAVID, LONGLY PENA, ROBERT, JOSEPH Address (Street and Number) Address (Street and Number) VEHICLE VEHICLE Vehicle Owner's Name (Last, First, Middle) Same as Driver Speed Limit Maximum Safe Speed Speed Before Crash ALL Passengers Age Count Speed Before Crash Speed Limit Maximum Safe Speed ALL Passengers Age Count Under: 35 35 35 8-17 0 18-21 0 30 35 21 0 0 8-17 0 18-21 0 PASSENGER (only if injured or killed) PASSENGER (only if injured or killed) Name of Injured (Last, First, Middle) EMS Transport Date of Death Name of Injured (Last, First, Middle) EMS Transport Date of Death Position Safety Airbag Ejected Injury Type Birthdate Gender Position Safety Airbag Ejected Injury Type Birthdate Gender In/On Equip In/On Equip Vehicle Used Vehicle. Used Name of injured [Last, First, Middle] EMS Transport Date of Death Name of Injured (Last, First, Middle) EMS Transport Date of Death Position. Safety Airbag Ejected Injury Type Birnhdate Gender **Position** Airbag Ejected Injury Type Safety Birthdate Gender In/Qn Equip In/On Equip Vehicle Used Vehicle Used Name of Injured (Last, First, Middle) Date of Death **EMS Transport** Name of Injured (Last, First, Middle) EMS Transport Date of Death Pasition Safety Airbag Ejected Injury Type Birthdate Gender Position Safety Airbag Ejected Injury Type Barthdete Gender 1n/0nEquip In/On Equip Vehicle Used Vehicle Used Codes POSITION IN/ON VEHICLE SAFETY EQUIPMENT USED AIRBAG EJECTED FROM VEHICLE INJURY TYPE Driver 1. Lap Belt Only 1. Deployed - Front 1. Not Ejected 1. Dead 8 2-6. Passengers 2. Shoulder Belt Only 2. Not Deployed 2. Partially Ejected 2. Serious Injury Cargo Area 7. 3. Lap and Shoulder Belt 3. Unavailable/Not Applicable 3. Totally Ejected 3. Minor/Possible Injury Riding/Hanging Ż 3 4. Child Restraint 4. Keyed Off 4. No Apparent Injury On Outside 5. Helmet 5. Unknowa SUMMONS ISSUED AS 6. No Injury (driver only) 9-98. All Other 6. Other 6. Deployed - Side A RESULT OF CRASH Passengers 7. Booster Seat 7. Deployed - Other (Knee, 1. Yes 8. No Restraint Used Air Belt, etc.) 2. No. 8 9. Not Applicable 8. Deployed - Combination 3. Pending Investigating Officer Badge/Code Number Agency/Department Name and Code Reviewing Officer Report File Date **KAMES** 1613 ACPD David Clenance 10/26/2017

Commonwealth of Virginia • Department of Motor Vehicles



FR300P (Re 1/112)

Page 2

Revised Report

CRASH

Crash Date

MILITARY Time (24 hr clock) County of Crash

10/26/2017

ARLINGTON COUNTY

← City of _. Town of

Veh Veh

1

Local Case Number

2017-10260040

DRIVER INFORMATION

Veh	Veh
1	2

Driver's Action

- 1. No Improper Action
- 2. Exceeded Speed Limit
- 3. Exceeded Safe Speed
- **But Not Speed Limit**
- 4. Overtaking On Hill
- 5. Overtaking On Curve
- 6. Overtaking at Intersection
- 7. Improper Passing of School Bus
- 8. Cutting In
- 9. Other Improper Passing
- 10. Wrong Side of Road -Not Overtaking
- 11. Did Not Have Right-of-Way
- 12. Following Too Close
- 13. Fail to Signal or Improper Signal
- 14. Improper Turn Wide Right Tum
- 15 Improper Turn -Cut Corner on Left Turn
- 16. Improper Tum From Wrong Lane
- 17. Other Improper Turn
- 18. Improper Backing
- 19. Improper Start From Parked Position
- 20. Disregarded Officer or Flagger
- 21. Disregarded Traffic Signal
- 22. Disregarded Stop or Yield Sign
- 23. Driver Distraction
- 24. Fail to Stop at Through High way - No Sign
- 25. Drive Through Work Zone
- 26. Fail to Set Out Flares or Flags
- 27. Fail to Dim Headlights
- 28. Driving Without Lights
- 29. Improper Parking Location
- 30. Avoiding Pedestrian
- 31. Avoiding Other Vehicle
- 32. Avoiding Animal
- 33. Crowded Off Highway
- 34. Hit and Run
- 35, Car Ran Away No Driver
- 36. Blinded by Headlights
- 37. Other
- 38. Avoiding Object in Roadway
- 39. Eluding Police
- 40. Fail to Maintain Proper Control
- 41. Improper Passing
- 42. Improper or Unsafe Lane Change
- 43. Over Correction

Condition of Driver Contributing to the Crash

- 1. No Defects
 - 2. Eyesight Defective
 - 3. Hearing Defective
 - 4. Other Body Defects
 - 5. Illness
 - 6. Fatigued
 - 7. Apparently Asleep
 - 8. Other
 - 9. Unknown

Veh Veh 2

Driver Vision Obscured P3

- 1. Not Obscured
 - 2. Rain, Snow, etc. on Windshield
 - 3. Windshield Otherwise Obscured
 - 4. Vision Obscured by Load on Vehicle
 - 5. Trees, Crops, etc.
 - 6. Building
 - 7. Embankment
 - 8. Sign or Signboard
 - 9. Hillcrest
 - 10. Parked Vehicle(s)
 - 11. Moving Vehicle(s)
 - 12. Sun or Headlight Glare
 - 13 Other
 - 14. Blind Spot
 - 15. Smoke/Dust
 - 16. Stopped Vehicle(s)

Type of Driver Distractions :

1. Looking at Roadside Incident

P4

- 2. Driver Fatigue
- 3. Looking at Scenery
- 4. Passenger(s)
- 5. Radio/CD, etc.
- 6. CellPhone
- 7. Eves Not on Road
- 8. Daydreaming
- 9. Eating/Drinking
- 10. Adjusting Vehicle Controls
- 12. Navigation Device
- 13. Textino
- 14 No Driver Distraction

Drinking 1. Had Not Been Drinking

(86)

P5

P7

- 2. Drinking Obviously Drunk
- 3. Drinking Ability Im paired
- 4. Drinking Ability Not Impaired
- 5. Drinking Not Known Whether Impaired
- 6. Unknown

Method of Alcohol Determination (by police)

- 1. Blood
- 2. Breath 3. Refused
- 4. No Test

Drug Use

- 1. Yes
- 2. No
 - 3. Unknown

VEHICLE INFORMATION

Vehicle Maneuver

- 1. Going Straight Ahead
 - 2. Making Right Turn
- 3. Making Left Turn
- 4. Making U-Turn
- 5. Slowing or Stopping 6. Merging Into Traffic Lane
- 7. Starting From Parked Position
- 8. Stopped in Traffic Lane
- 9. Ran Off Road Right
- 10. Ran Off Road Left
- 11. Parked
- 12. Backing
- 13 Passing
- 14. Changing Lanes
- 15. Other
- 16. Entering Street From Parking Lot

Skidding Tire/Mark

- 1. Before Application of Brakes
- 2. After Application of Brakes 3. Before and After Application of Brakes
- 4. No Visible Skid Mark/Tire Mark

Vehicle Body Type

- 1. Passenger car
- 2. Truck Pick-up/Passenger Truck
- 3. Van
- 4. Truck Single Unit Truck (2-Axles)
- 7. Motor Home, Recreational Vehicle 8 Special Vehicle - Oversized Vehicle/Farthmover/Road Fouinment
- 9. Bicycle
- 10. Moped
- 11.Motorcycle 12.Emergency Vehicle
- (Regardless of Vehicle Type)
- 13. Bus School Bus 14. Bus - City Transit Bus/Privately Owned Church Bus
- 15. Bus Commercial Bus
- 16. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.
- 18. Special Vehicle Farm Machinery
- 19. Special Vehicle ATV
- 21. Special Vehicle Low-Speed Vehicle
- 22. Truck -- Sport Utility Vehicle (SUV) 23. Truck - Single Unit Truck
- (3 Axles or More) 25. Truck-Truck Tractor (Bobtail-No Trailer)

'Veh Veh . 1 2

Vehicle Damage

- 1. Unknown
- 2. No damage
- 3. Overturned
- 4. Motor
- 5. Undercarriage
- 6. Totaled
- 7 Fire
- 8. Other

Vehicle Condition

- 1. No Defects
- 2. Lights Defective
- 3. Brakes Defective
- 4. Steering Defective
- 5. Puncture/Blowout
- 6. Worn or Slick Tires 7. Motor Trouble
- 8. Chains In Use
- 9. Other
- 10. Vehicle Altered 11. Mirrors Defective
- 12 Power Train Defective
- 13 Suspension Defective
- 14. Windows/Windshield Defective
- 15. Wipers Defective 16. Wheels Defective

17. Exhaust System

- Special Function Motor Vehicle
 - 1. No Special Function 2. Taxi

V6

V8

- 3. School Bus (Public or Private)
- 4. Transit Bus 5. Intercity Bus
- 6. Charter Bus
- 7. Other Bus 8. Military
- 9. Police 10. Ambulance
- 11. Fire Truck 12. Tow Truck
- 13. Maintenance 14. Unknown

EMV in service 1. Yes

- 5. TNC

Truck Cover

2. No

- 1 Yes
- 2. No

Revised Report

CRASH Crash

MILITARY Time (24 hr clock) County of Crash

Date 10/26/2017

06:21

Local Case Number

2017-10260040

Intersection Type

Page 3

CRASH INFORMATION

C5

C6

Location of First Harmful C1 Event in Relation to Roadway

- 1. Dn Roadway
 - 2. Shoulder
 - 3. Median
 - 4 Roadside

 - 5. Gore
 - 6. Separator
 - 7. In Parking Lane or Zone
 - 8. Dff Roadway, Location Unknown
 - 9. Dutside Right-of-Way

Weather Condition

- 1. No Adverse Condition (Cleer/Cloudy)
 - 3. Fog
 - 4. Mist
 - 5. Rain
 - 6. Snow
 - 7. Sleet/Hail
 - 8. Smoke/Dust
 - 9. Other
 - 10. Blowing Sand, Soil, Oirt, or Snow
 - 11. Severe Crosswinds

C3 **Light Conditions**

- 1. Dawn
- 2. Daylight
- 3. Dusk
- 4. Darkness -Road Lighted
- 5. Darkness -Road Not Lighted
- 6. Darkness Unknown Road Lighting
- 7. Unknown

Traffic Control C4 Device

- - 1. Yes Working
 - 2. Yes Working and Obscured
 - 3. Yes Not Working
 - 4. Yes Not Working and Obscured
 - 5. Yes Missing
 - 6. No Traffic Control Device Present

Traffic Control Type

1. No Traffic Control

ARLINGTON COUNTY

- 2. Dfficer or Flagger
- 3. Traffic Signal
 - 4. Stop Sign
 - 5. Slow or Warning Sign
 - 6. Traffic Lanes Marked
 - 7. No Passing Lines
 - 8. Yield Sign
 - 9. One Way Road or Street
 - 10. Railroad Crossing With Markings and Signs
 - 11, Railroad Crossing With Signals
 - 12. Railroad Crossing With Gate and Signals
 - 13. Other
 - 14. Pedestrian Crosswalk
 - 15. Reduced Speed School Zone
 - 16. Reduced Speed Work Zone
 - 17. Highway Safety Corridor

Roadway Alignment

C2

- 1. Straight Level
- 2. Curve Level
- 3. Grade Straight
- 4. Grade Curve
- 5. Hillcrest Straight
- 6. Hillcrest Curve
- 7. Dip Straight
- 8. Dip Curve
- 9. Dther
- 10. On/Dff Ramp

Roadway Surface Condition C7

- 1. Dry
 - 2. Wet
 - 3. Snowy
 - 4. Icy
 - 5. Muddy
 - 6. Oil/Other Fluids
 - 7. Dther
 - 8. Natural Debris
 - 9. Water (Standing, Moving)
 - 10. Slush
 - 11. Sand, Dirt, Gravel

Roadway Surface Type

- 1. Concrete
- 2. Blacktop, Asphalt, Bituminous
 - 3. Brick or Block
 - 4. Slag, Gravel, Stone
 - 5. Dirt
 - 6. Dther

Roadway Description

- 1. Two-Way, Not Divided
- 2. Two-Way, Divided,
- Median Barrier
- 5. Unknown

C9

- **Unprotected Median**
- 3. Two-Way, Divided, Positive
- 4. Dne-Way, Not Divided

- 1. Not at Intersection
- 2. Two Approaches
- 3. Three Approaches
- 4. Four Approaches 5. Five-Point, or more
- 6. Roundabout

Work Zone

C13

C14

C15

C12

1. Yes 2. No

Work Zone

Workers Present

C10 Roadway Defects

- 1. No Defects
- 2. Holes, Ruts, Bumps
- 3. Soft or Low Shoulder
- 4. Under Repair
- 5. Loose Material
- 6. Restricted Width
- 7. Slick Pavement

Relation to Roadway

1. Main-Line Roadway

Highway Edgelines)

5. Dn Entrance/Exit Ramp

4. Collector/Distributor Road

6. Intersection at end of Ramp

7. Other location not listed above

within an interchange area

(median, shoulder and roadside)

10. Intersection-Related - Within 150'

11. Intersection-Related - Dutside 150'

13. Driveway, Alley-Access - Related

2. Acceleration/Deceleration Lanes

3. Gore Area (Between Ramp and

Interchange Area:

Intersection Area:

Other Location:

C8

8. Non-Intersection

9. Within Intersection

12. Crossover Related

14. Railway Grade Crossing

Bikes, School, etc.)

15. Dther Crossing (Crossings for

- 8. Roadway Obstructed
- 9. Other
- 10. Edge Pavement Drop Off

Work Zone Location

1. Advance Warning Area

1. With Law Enforcement

3. No Workers Present

2. With No Law Enforcement

- 2. Transition Area
- 3. Activity Area
- 4. Termination Area

Work Zone Type

C11

C16

- 1. Lane Closure
- 2 Lane Shift/Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 5. Other

School Zone

C17

C18

- 1. Yes
- 2. Yes With School Activity
- 3. No

Type of Collision

- 1. Rear End 2. Angle
- 3. Head On
- 4. Sideswipe Same Direction 5. Sideswipe - Opposite Direction

 - 6. Fixed Object in Road
 - 7. Train
 - 8. Non-Collision
 - 9. Fixed Object Off Road
 - 10. Deer
 - 11. Dther Animal
 - 12. Pedestrian
 - 13. Bicyclist 14. Motorcyclist
 - 15. Backed Into
 - 16. Other

City of Town of

Police Crash Report



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of 4

Revised Report CRASH

VEHICLE # 1

10/26/2017

Crash Date

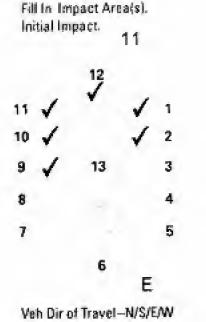
MILITARY Time (24 br clock) County of Crash

06:21

ARLINGTON COUNTY

City of Town of Local Case Number 2017-10260040

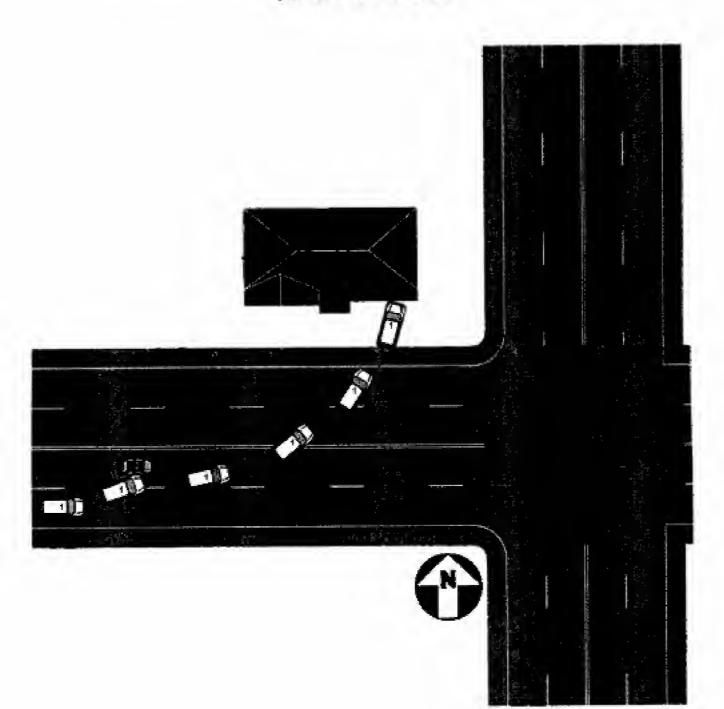
CRASH DIAGRAM



VEHICLE #

Fill in Impact Area(s). Initial Impact.

Veh Diz of Travel-N/S/E/W



VEHICLE # 2 Fill In Impact Areals). Initial Impact. 12 11 10

Veh Dir of Travel-N/S/E/W

VEHICLE

Filt In Impact Area(s). Initial Impact.

Veh Dir of Travel-N/S/E/W

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx, Repair Cost Object Struck (Tree, Fence, etc.) Property Dwners Name (Last, First, Middle)

1000

BUILDING

LANDLORD: ED 703-980-2000

Address (Street and Number)

VOOT Property

CRASH DESCRIPTION

THE DRIVER OF VEHICLE 1 HAD JUST LEFT MCDONALDS ON HIS WAY TO WORK AND BEGAN EATING HIS BREAKFAST BURRITO, AFTER TAKING A BITE, THE DRIVER BEGAN TO COUGH, CHOKING ON HIS FOOD. HE STATED THAT AFTER TRYING TO COUGH A FEW TIMES, THE NEXT THING HE REALIZED HIS VEHICLE WAS AGAINST A BUILDING. WITNESSES STATED THAT VEHICLE 1 HAD BEEN TRAVELING EAST ON OLD DOMINION DR IN THE RIGHT LANE APPROACHING N WAKEFIELD ST. JUST PRIOR TO THE INTERSECTION, VEHICLE 1 BEGAN TO VEER INTO THE LEFT LANE, STRIKING VEHICLE 2 (WHO HAD ALSO BEEN TRAVELING EAST ON OLD DOMINION PRIOR TO N WAKEFIELD ST. VEHICLE 1 CONTINUED TO VEER TO THE LEFT, GOING OVER THE MEDIAN AND ENTERING THE ONCOMING LANE OF TRAFFIC. VEHICLE 1 THEN CAME TO A REST AFTER STRIKING 4603 OLD DOMINION DR APARTMENT B. MEDICS WERE ON SCENE AND CHECKED INJURIES, BUT NEITHER PARTY WAS TRANSFERRED FROM THE SCENE TO THE HOSPITAL. BOTH VEHICLES WERE TOWED DUE TO DAMAGE. RESIDENT OF THE APARTMENT WAS NOT HOME, BUT THE LANDLORD WAS NOTIFIED OF THE SITUATION, AND INFORMATION REGARDING THE CRASH WAS LEFT FOR HIM WITH ANOTHER TENANT

CRASH EVENTS

Vahicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event		Vehicle ≠	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20	28	12		20	2		20				20
Vahirla #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event		Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

First Harmful Event of Entire Crash that Results in First Injury or Damage. 20

COLLISION WITH FIXED OBJECT

10, Other

13. Curb

14. Ditch

18. Mailbox

11. Jersey Walf

12. Building/Structure

15. Other Fixed Object

17. Traffic Sign Support

1, Bank Or Ledge

2. Trees

3. Utility Pole 4. Fence Or Post

5. Guard Rail 6. Parked Vehicle 7. Tunnel, Bridge, Underpass, 16. Other Traffic Barrier

9. Impact Cushioning Device

Culvert, etc. B. Sign, Traffic Signal

COLLISION WITH PERSON, MOTOR VEHICLE

OR NON-FIXED OBJECT 19. Pedestrian

20. Motor Vehicle In Transport

21. Train 22. Bicycle 23. Animal

24. Work Zone Maintenance Equipment 25. Other Movable Object 26. Unknown Movable Object

27. Other

NON-COLLISION

28. Ran Off Road

29. Jack Knife

30, Overturn (Rollover) 31. Downhill Runaway

32. Cargo Loss or Shift 33, Explosion or Fire-

34, Separation of Units

35. Cross Median

36, Cross Centerline

37. Equipment Failure (Tire, etc.)

38. Immersion

39. Fell/Jumped From Vehicle

40. Thrown or Falling Object

41. Non-Callision Unknown 42. Other Non-Collision



	REPORT TYPE:	HER:	Case #: 🕢 <u>('</u>	17-10	260040
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Case #: 2017-10260040

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Arlington County Police Department STATEMENT FORM

	REPORT TYPE: CASE ACCIDENT OTHER:		Case #: 201	7-102600	40
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